

LEC MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

(7/2006)

I. ACTIVITIES AND MEDI-CAL PERCENTAGES WORKSHEET

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INVOICE INFORMATION		A	B	C	D	E	F	G	H
		Type of Activity	Code	Medi-Cal Discount %	MAA TIME SURVEY STAFF				
					Survey Results Percentages (a)	Quarter Average Percentages (a)	Total Weighted-Average Survey Results	Allocate Gen. Admin./Paid Time Off (Code 16)	Apply Medi-Cal Discount % (Col. C X Col. G)
1	Claiming Unit Name								
	CDS Code								
2	DHS Contractor (Region)								
3	Contract #								
4	Prepared by								
5	Title								
6	Phone #								
7	Date								
8	Contract year/quarter								
9	Period of Service								
		Not Discounted:				-			
10	Medi-Cal Outreach		4	100.00%			#DIV/0!	#DIV/0!	#DIV/0!
11	Facilitating Medi-Cal Application		6	100.00%			#DIV/0!	#DIV/0!	#DIV/0!
12	Medi-Cal Admin., Coord., Claims Admin. And Training		15	100.00%			#DIV/0!	#DIV/0!	#DIV/0!
		Discounted:							
13	Referral, Coordination and Monitoring Medi-Cal Svcs		8	0.00%			#DIV/0!	#DIV/0!	#DIV/0!
14	Transportation-related activities Support of Medi-Cal Services		10	0.00%			#DIV/0!	#DIV/0!	#DIV/0!
15	Translation		12	0.00%			#DIV/0!	#DIV/0!	#DIV/0!
16	M/C Program Planning, Policy Dev. And Interagency Coord		14	0.00%			#DIV/0!	#DIV/0!	#DIV/0!
		Non-claimable:							
17	School-related, Education, and Other Activities		1				#DIV/0!	#DIV/0!	
18	Direct Medical Services		2				#DIV/0!	#DIV/0!	
19	Non Medi-Cal Outreach		3				#DIV/0!	#DIV/0!	
20	Facilitating Application for non-Medi-Cal Programs		5				#DIV/0!	#DIV/0!	
21	Referral, Coordination and Monitoring non-M/C Services		7				#DIV/0!	#DIV/0!	
22	Transportation for non-Medi-Cal Programs		9				#DIV/0!	#DIV/0!	
23	Non Medi-Cal Translation		11				#DIV/0!	#DIV/0!	
24	Non M/C Prog. Planning, Policy Dev. And Interagency Coord		13				#DIV/0!	#DIV/0!	
		Allocated:							
25	General Admin./Paid Time Off		16				#DIV/0!	Allocated	
26	TOTAL TIME				100.00%	100.00%	#DIV/0!	#DIV/0!	#DIV/0!
27	Number of Claiming Unit Staff Included in Each Survey								
28	State Approved Indirect Cost Rate for the Current Billing Period								

(a) A summary report supporting amounts entered in these columns are required to be submitted with the invoice. Invoices will not be processed or paid by DHS without this supporting documentation.